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Weekly Bulletin

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Vol. I, No. 4 MARCH 11, 1922 GUY P. JONES
EDITOR

The 1922 Influenza Outbreak.

The peak has been reached in the present outbreak of influenza. With relation to numbers of cases reported and rate of progression the outbreak is quite similar to the outbreak of 1920. If anything, the existing epidemic involves a smaller number of people than the epidemic of 1920. There is absolutely no comparison between the 1922 outbreak and that of 1918-1919, either in regard to the number of cases, severity of attack or mortality. Comparative figures, showing the progression, by weeks, of the 1918, 1919, 1920 and 1922 outbreaks follow:

	1918.	1919.	1920.	1922.
First week	794	12,804	1,930	1,013
Second week	8,040	10,546	8,407	5,238
Third week	28,863	11,699	14,879	12,115
Fourth week	45,069	21,121	14,393	11,668
Fifth week	39,691	19,024	10,847	-----
Sixth week	25,280	9,067	6,738	-----
Seventh week	16,021	3,548	3,627	-----
Eighth week	10,403	1,682	2,251	-----
Ninth week	7,257	696	1,018	-----
Totals	181,418	90,187	64,090	30,034

There was no epidemic of influenza in California last year. There was a slight increase in the number of cases of the disease reported during January and February of that year, but the disease failed to become sufficiently extensive in 1921 to justify any comparison with outbreaks of other years.

The existing epidemic is state-wide in its prevalence. More cases are being reported from the southern part of the state than from the northern part. Aside from the mild type of the disease the most outstanding feature of the 1922 outbreak lies in the large groups of cases that occur in offices, factories and stores where large numbers of individuals are in close daily association. The same feature was conspicuous in preceding outbreaks, but in the 1922 epidemic larger numbers of persons employed in the same offices, stores or factories are taken ill at the same time. This has crippled the service in many mercantile establishments, railroad offices, telephone companies and other institutions.

It would appear, at present, that the worst of this outbreak is passed. Considerable numbers of cases will undoubtedly be reported during the coming weeks, but the worst conditions in the present outbreak have been encountered already.

Influenza is still the great mystery among epidemic diseases, but even so, it is no more mysterious than measles. The individual who learns the cause of measles will undoubtedly be able to solve the influenza mystery, for the mode of transmission and many other epidemiological factors are identical in these two diseases. There is much work to be done in correlating and adding to our knowledge concerning the respiratory infections.

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Has Age of Pestilence Passed?

No. Any individual who is capable of recalling the influenza outbreak of 1918-1919 must readily admit that the fall and winter of those years were days of real pestilence. Of this, Dr. Victor C. Vaughn says: "We are inclined to boast that the age of pestilence has passed, but, with a fair acquaintance with the history of epidemics, I dare say that the world has never before known a pestilence more widespread, more intensive and appalling in its progress, or more destructive to life than the epidemic of influenza which apparently came into being and grew in violence as the World War passed through its final stages. It seemed that Nature gathered together all her strength and demonstrated to man how puny and insignificant he and his forces are, with all their murderous machinery, in the destruction of his fellows. We have not passed beyond the age of pestilence. Much has been done in man's struggle against disease, but greater things are to be done. There has been no armistice signed between man and disease. Influenza, pneumonia, cerebrospinal meningitis, poliomyelitis and tuberculosis are still using weapons against which our defense is quite inadequate. They employ strategy in approach and attack which we do not fully understand. In the war against epidemic disease we must not permit the elation due to past victories to make us less careful and thorough in preparation for battles of the future."

Epidemiology and Public Health.

"The more of epidemiology we know and practice the smaller will be the numbers involved in an epidemic. Every practitioner of medicine owes it to his individual patient to do the best he can to restore him to health, but if the disease is an infectious one, the same practitioner owes a greater debt to the community in which the patient lives, and that is to protect the community from the spread of the disease. It may be asked how many cases of a given disease must appear in a given community before the presence of an epidemic should be recognized. Every case of infectious disease should be regarded as a possible source of an epidemic.

We must not only study epidemic disease when it appears, but we must know this science so well that we shall be able to prevent the occurrence of epidemic diseases. The epidemics of smallpox, typhus and typhoid fever in the past have given us such full and detached information concerning the nature and transmission of these diseases that now, whenever this knowledge is constantly and properly applied, they are negligible factors as causes of morbidity and mortality even in unusual assemblies of men. We must study the history of epidemics, because from this source we acquire information of the greatest value, but this information is useless unless we are able to make proper application of it. The aim of the medical profession is to reduce morbidity and mortality to a minimum. While all diseases are not infectious, there remains much to be done in the control of the agencies, which, even up to the present time, contribute so largely to the sickness and death rates."

VICTOR C. VAUGHN, M.D.

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"The discovery of the bacterial and protozoal causes of disease merely constitutes the foundation upon which we must build. The foundations have been laid, but the superstructure awaits the energy, skill and intelligence of this and coming generations. Forty years ago it was believed that by sanitation we would remove the danger from the infectious diseases. The sanitary engineer has accomplished great things. He has drained malarial marshes, sewered our cities, provided means for the destruction of our garbage, greatly reduced both morbidity and mortality, and made conditions of life more pleasing. The diagnostic skill of our physicians has been aided by the discovery and application of scientific instruments of precision. The fruits of physical, chemical and biologic research have been abundant and nourishing. Notwithstanding all these advances, there is much to be done. Thirty years ago we believed that the infectious diseases are transmitted directly from the sick to the well. Then we were convinced that in order to stamp out an epidemic it was only necessary to isolate the infected. Now we know that most infections are distributed by those who are in apparent health. The man who is sick at home or in hospital with typhoid fever, or cerebrospinal meningitis may be dangerous to those immediately about him, but there is little probability that he will scatter the seeds of the disease from which he suffers, in the community at large. It is the carrier of diphtheria, typhoid fever, or other infectious disease, who is the greatest and most ubiquitous distributor of disease. Most of the bacteria which infect man grow naturally only in man's body, but they do not cause disease in all who carry them. The science of bacteriology wears quite a different aspect and its teachings are quite widely different from those which we learned even twenty years ago."

VICTOR C. VAUGHN, M.D.

The Menace of Old Tin Cans.

Empty tin cans containing a little water constitute ideal breeding places for mosquitoes. Some of the food contents are certain to cling to the sides of tin cans after the contents are removed, attracting flies and providing them, as well as rats, with food. Empty tin cans should be buried or destroyed. Too often they are left where they may constitute a public health menace and a nuisance. The *Rialto Record* of February 10 soliloquizes upon the subject of tin cans:

"Tin cans are curious things! In a way they resemble human beings. When they are well-filled and nicely decorated they are a joy to have around, but when they are empty and their attractiveness is gone they are a drug on the market, so to speak, except in so far as their usefulness is concerned.

A tin can standing on the shelves of a well-stocked grocery store is a most attractive bit of merchandise. Many hours have been spent by artists in depicting the colored illustrations which adorn the exterior of these shining receptacles; and many hours have been devoted by expert chefs in preparing the contents which go into these cans for the satisfaction of the public.

As they rest there on the shelves of the grocery stores they seem to stand as signals of suggestion to the housewives who are constantly searching for something palatable for their tables. The artistically drawn vegetables and fruits with their high colorings assist a great deal in making selection easy for the purchaser who takes them home and many times stocks a well-filled grocery of her own on her upper cupboard shelf, awaiting the time when the arrival of unexpected guests will make the presence of the gaily covered cans all the more welcome.

All of this time the can is a desirable, attractive, useful piece of merchandise and it has a place in the scheme of life's affairs be it ever so humble. But—once that can is opened and its contents removed and the gay coverings are exposed to the sun and rain and dirt and grime then—it is no longer attractive but it becomes an eye-sore to society and should be kept from sight in every possible way.

So many, many times the only jarring note in an otherwise perfect California setting—good roads, balmy air, blue sky, ideal scenery, is a great heap of rusty, jaggy, ill-smelling tin cans. Why will the people do it? Why will they insist upon throwing their discarded cans along the roadsides where every motor bus, every tourist's motor car, every admirer of this great country's scenic beauties, will have to pass in their trips over these wonderful highways of the state.

Surely no self-respecting citizen would be guilty of such ruthless destruction of California's beauty spots! And yet, it seems impossible to take a trip of ever so few miles without having to pass at least one and many times several of these unsightly heaps of cans. Usually some gully along the road is selected as the proper place in which to deposit the cans. A few roll down to the bottom, others catch in the grass and on the rocks and still others get little distant from the edge of the road and the result is one conglomerate mass of ugly, rusted, dented and dirty cans strung from the roadside down one of California's grassy slopes, which rightfully brings a shudder of disgust and a chill of disapproval to all who have to look upon these ravages of the natural beauty spot.

There is no excuse for the people of this district resorting to such subterfuge to dispose of their cans as a suitable place has been provided by the city for such rubbish away from the frequented roads and in a location where filled-ground is especially needed.

In so much as these thoughtless people have so little pride in their home district, and in their southland beauties, it will probably take the enforcement of a county ordinance or some other strong arm of the law to bring them to a realization of the great injury which they are inflicting upon their community and their fellowmen."

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Health is a fundamental to all success. The prosperity of our state, in the last analysis, depends upon the bodily vigor of its citizens. This is a self-evident proposition—a premise which every right-thinking man must admit. Without good health as an asset our people can not meet the severe physical and mental requirements of the time.—Governor H. M. Dorsey.

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Then comes the startling question that pierces the breaking hearts of so many thousand afflicted relatives: "Is there no remedy? Is there no palliation of the evil?" It is one of the greatest triumphs of scientific medicine to be able to reply "Yes, the evil may be palliated and is rapidly being lessened, and for many, at least a remedy has been found."—Osler.

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Nations are gathered out of nurseries. The child is the state's best security for the future. —Kingsley.

MORBIDITY.

Smallpox.

There was a considerable decrease in the number of cases of smallpox reported last week. Of the 49 cases reported, 20 were in Santa Clara County, including San Jose, 13 were in Kern County, including Bakersfield, 5 were in San Joaquin County, and the remaining 11 cases were scattered over the state.

Influenza.

There were 11,668 cases of influenza reported last week, as against 12,115 reported during the preceding week. The largest numbers of cases occurred in the following localities:

Berkeley 249, Blythe 64, El Segundo 73, Fresno County 95, Fresno 128, Grass Valley 76, Humboldt County 51, Hermosa Beach 65, Los Angeles County 550, Los Angeles City 3061, Manteca 77, Merced County 168, Merced 69, National City 62, Ontario 83, Oakland 156, Pacific Grove 60, Pasadena 283, Petaluma 95, Pomona 189, Sacramento County 76, Sacramento 76, San Jose 140, Santa Cruz County 52, Santa Cruz 56, Santa Ana 210, Santa Monica 127, Santa Paula 87, Santa Rosa 65, San Francisco 515, Sonoma County 232, Stanislaus County 77, Stockton 148, Taft 57, Torrance 56, Tulare County 68, Watsonville 60, Woodland 75, Visalia 126, San Diego 498.

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Give him air, he'll soon be well—Shakespeare.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

***Reported by office number. Name and address not required.**

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

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Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Mar. 4 received by Mar. 7	Week ending			Reports for week ending Mar. 5 received by Mar. 9
	Feb. 11	Feb. 18	Feb. 25		Feb. 12	Feb. 19	Feb. 26	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	7	3	3	2	2	5	1	4
Chickenpox	168	198	171	156	224	154	305	247
Diphtheria	214	188	160	116	129	117	139	97
Dysentery (bacillary)	0	0	0	1	0	1	1	2
Epidemic encephalitis	1	1	2	1	4	4	3	3
Gonorrhoea	100	35	60	110	54	78	61	105
Influenza	1,013	5,238	12,115	11,668	118	158	232	172
Leprosy	0	0	0	0	1	1	1	0
Malaria	3	4	2	0	5	3	3	3
Measles	20	25	24	19	752	739	1,031	744
Mumps	120	102	106	90	354	290	370	330
Pneumonia	196	197	232	331	135	119	115	99
Poliomyelitis	0	0	2	1	1	1	0	1
Scarlet fever	144	148	156	94	156	166	144	130
Smallpox	92	101	81	49	233	252	235	201
Syphilis	137	36	87	132	77	94	60	117
Tuberculosis	157	138	186	143	184	202	156	196
Typhoid fever	7	6	8	8	15	8	4	11
Whooping cough	61	47	47	53	61	38	56	48

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